

Apr. 22. 2005 2:45AM

PART B - FEE(S) TRANSMITTAL

No. 0120 P. 1

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22470 7590 02/14/2005

HAYNES BEFFEL & WOLFELD LLP
 P O BOX 366
 HALF MOON BAY, CA 94019

04/21/2005 M6EBREM2 00000098 500869 10681833

01 FC:1501 1400.00 OP
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Paula Paulk Hurley (Depositor's name)
 Paula Paulk Hurley (Signature)
 April 21, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY EXCKIT NO.	CONFIRMATION NO.
10/681,833	10/08/2003	Marcos Kamezou	CPAC 1029-4	6605

TITLE OF INVENTION: SEMICONDUCTOR STACKED MULTI-PACKAGE MODULE HAVING INVERTED SECOND PACKAGE AND ELECTRICALLY SHIELDED FIRST PACKAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
FORDH, RHMON R	2826	257-686000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Bill Kennedy
 2. Haynes Beffel &
 3. Wolfeld LLP

3. ASSIGNOR NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLASH NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNOR

ChipPAC, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fremont, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0869 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name Bill Kennedy

Date April 21, 2005

Registration No. 33,407

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